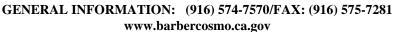


BOARD OF BARBERING AND COSMETOLOGY P.O. BOX 944226

SACRAMENTO, CA 94244-2260





REQUEST FOR CANCELLATION OF AN ESTABLISHMENT LICENSE

Instructions to Licensee:

- Complete this form if you are closing your establishment or are selling your establishment to another individual.
- If you are selling your establishment to another individual, he or she must apply for a new establishment license and submit the appropriate fee.

(Please type or print legibly in ink)				
Name of Establishment)			Telephone Number	
			()	
Establishment Address Street		City	State Zip C	ode
Establishment License Number	License Expir	ation Date	Date Business Closed	
Name of Owner/Corporation	L		Telephone Number	
			()	
Current Address	Street	City	State Zip C	ode
I declare under penali	ty of perjury under the		ia that the foregoing is true and	!
		correct.		
X				
Signature of Licensee / Applicant			Date	